

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011181

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 362

FILED MAR 18 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Neosho	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital		d. STREET ADDRESS (If outside, give location) 731 Oakridge Dr.	

3. NAME OF DECEASED (Type or print) JOHN WENDELL CANTRELL	4. DATE OF DEATH March 6, 1963
---	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-4-1963	9. AGE (last birthday) 2	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HR Hours 2 Min. 2
-----------------------	----------------------------------	--	-------------------------------------	------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Neosho Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	--	---

13a. FATHER'S NAME Lloyd Cantrell Jr.	13b. MOTHER'S MAIDEN NAME Marie Metilda Tapp	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Lloyd Cantrell Jr., Neosho Mo.
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure, Cerebral Anoxia DUE TO (b) Congenital Heart Disease DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 2 days
---	---

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ERYTHROBLASTOSIS FOETALIS	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour 1:30 a.m. PM Month, Day, Year 3/4/1963

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Mo.	COUNTY Greene STATE Missouri
--	--	---	--

21. I attended the deceased from 3/4/1963 to 3/6/1963 and last saw him alive on 3/6/1963 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Paul Busick M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 3/9/63
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-7-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) (State) Neosho Missouri
--	------------------------------	---	---

24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.	25. DATE RECD. BY LOCAL REG. 3-13-63	26. REGISTRAR'S SIGNATURE Effie E. Macton
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ.

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED
0397	
0735	
3	
4 0	
5 0	
6	
7 0	
8 2	
9754.5	
10	
11	
124-0	
13	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. **3259**

P. O. Address **Neosho Missouri**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.